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8  
9 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. **2011-741**

12 **LIUDMILA VALENTINOVNA MAST**  
1465 E. Lexington Avenue, Unit 15 D  
13 El Cajon, CA 92019

14 **Registered Nurse License No. 663797**

**A C C U S A T I O N**

15 Respondent.

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17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her  
20 official capacity as the Executive Officer of the Board of Registered Nursing, Department of  
21 Consumer Affairs.

22 2. On or about August 18, 2005, the Board of Registered Nursing issued Registered  
23 Nurse License Number 663797 to Liudmila Valentinovna Mast (Respondent). The Registered  
24 Nurse License was in full force and effect at all times relevant to the charges brought herein and  
25 will expire on February 28, 2013, unless renewed.

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4. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

6. Section 2811(b) of the Code provides, in pertinent part, that the Board may renew an expired license at any time within eight years after the expiration.

7. Section 2761 of the Code states:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

8. California Code of Regulations, title 16, section 1442, states:

9. California Code of Regulations, title 16, section 1443, states:

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1 10. California Code of Regulations, title 16, section 1443.5 states:

2 A registered nurse shall be considered to be competent when he/she  
3 consistently demonstrates the ability to transfer scientific knowledge from social,  
biological and physical sciences in applying the nursing process, as follows:

4 (1) Formulates a nursing diagnosis through observation of the client's  
5 physical condition and behavior, and through interpretation of information obtained  
from the client and others, including the health team.

6 (2) Formulates a care plan, in collaboration with the client, which ensures  
7 that direct and indirect nursing care services provide for the client's safety, comfort,  
hygiene, and protection, and for disease prevention and restorative measures.

8 (3) Performs skills essential to the kind of nursing action to be taken,  
9 explains the health treatment to the client and family and teaches the client and  
family how to care for the client's health needs.

10 (4) Delegates tasks to subordinates based on the legal scopes of practice of  
11 the subordinates and on the preparation and capability needed in the tasks to be  
delegated, and effectively supervises nursing care being given by subordinates.

12 (5) Evaluates the effectiveness of the care plan through observation of the  
13 client's physical condition and behavior, signs and symptoms of illness, and  
reactions to treatment and through communication with the client and health team  
14 members, and modifies the plan as needed.

15 (6) Acts as the client's advocate, as circumstances require, by initiating  
16 action to improve health care or to change decisions or activities which are against  
the interests or wishes of the client, and by giving the client the opportunity to make  
informed decisions about health care before it is provided.

17 **COST RECOVERY**

18 11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
19 administrative law judge to direct a licensee found to have committed a violation or violations of  
20 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
21 enforcement of the case.

22 **DRUGS**

23 12. Demerol is a Schedule II controlled substance as designated by Health and Safety  
24 Code section 11055(b)(2), and is a dangerous drug pursuant to Business and Professions Code  
25 section 4022. Demerol is a brand name of the generic drug meperidine and is used to treat pain.

26 13. Percocet, a brand name for acetaminophen/hydrocodone, is a Schedule II controlled  
27 substance as designated by Health and Safety Code section 11055(b)(1)(J), and is a dangerous  
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1 drug pursuant to Business & Professions Code section 4022. Percocet is a combination of a  
2 narcotic and an analgesic/antipyretic used to treat moderate to moderately severe pain.

3 **FACTS**

4 14. Patient M.K., an 83-year old woman, was admitted to Sharp Grossmont Hospital for  
5 surgery at 0730 hours on April 22, 2008. M.K. underwent an abdominal hysterectomy and  
6 bilateral salpingo-oophrectomy (removal of the ovaries and Fallopian tubes) and tolerated the  
7 procedure well. M.K. was returned to the recovery room in satisfactory condition. Post-operative  
8 orders dated April 22, 2008 stated that M.K. was to follow duramorph post-operative pain orders  
9 then was to receive Demerol, 100 mg IM (intramuscular) every 3 hours as needed for severe pain;  
10 Percocet 5/325, tablets by mouth every 3 hours as needed for moderate pain; and, Percocet 5/325,  
11 1 tablet by mouth every 3 hours as need for mild pain. Respondent cared for M.K. on the  
12 morning of April 23, 2008. Other nurses cared for M.K. immediately after surgery on April 22,  
13 2008. M.K. was given Percocet for pain. Respondent gave M.K. Percocet for pain at about 0530  
14 hours on April 23, 2008. According to Medication Administration Records for M.K., the first  
15 post-operative dose of Demerol was given to M.K. at about 1500 hours on April 23, 2008 by  
16 Nurse A.D. and the next dose was administered by Respondent at about 1945 hours on the same  
17 day. Respondent admitted that she administered Demerol 100 mg intravenously instead of  
18 intramuscularly. Approximately 10 minutes after administering Demerol to M.K., Respondent  
19 admitted that she just walked by M.K.'s room and saw that she was asleep and breathing.

20 15. At approximately 2044 hours on April 23, 2008, while under the care of Respondent,  
21 M.K. was found not breathing and without a pulse and a code blue was called. M.K. was  
22 transported to the intensive care unit where resuscitation measures were initiated. However,  
23 M.K.'s condition worsened overnight and her family decided to stop further treatment pursuant to  
24 M.K.'s advance directive. M.K. expired at 0749 on April 24, 2008. M.K.'s diagnoses at death  
25 was "refractory hypotension, duration 12 hours, due to: severe ischemia [decrease in blood  
26 supply] caused by a cardiopulmonary arrest of unknown duration, duration 12 hours."

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1 16. Respondent was given a written warning for unsatisfactory performance dated May  
2 23, 2008 for administering medication via the wrong route on April 23, 2008 and for failing to  
3 chart her reassessment of the patient after administration of Demerol.

4 17. In addition, Respondent failed to consider the patient's age and dosage before  
5 administering Demerol intravenously. Intravenous administration of Demerol should be reduced  
6 from intramuscular or oral doses, diluted in 5 ml or more of sterile water or saline and given over  
7 4-5 minutes. Respondent did not reduce the Demerol dose from the intramuscular dose ordered  
8 prior to administering it to M.K.

9 **FIRST CAUSE FOR DISCIPLINE**

10 **(Unprofessional Conduct-Gross Negligence)**

11 18. Respondent is subject to disciplinary action under Code section 2761(a)(1) for  
12 unprofessional conduct in that Respondent was grossly negligent for failing to follow the "5  
13 Rights of Medication Administration", which are 1) the right patient, 2) the right drug, 3) the right  
14 dose, 4) the right route and 5) the right time, in that Respondent administered Demerol to patient  
15 M.K. via the wrong route and the wrong dose as more fully set forth in paragraphs 14-17 above,  
16 and incorporated by this reference as though set forth in full herein. Respondent's conduct was  
17 an extreme departure from the standard of care which, under similar circumstances, would have  
18 ordinarily been exercised by a competent registered nurse and that Respondent knew or should  
19 have known that such a departure could have jeopardized the patient's health or life.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Unprofessional Conduct-Incompetence)**

22 19. Respondent is subject to disciplinary action under Code section 2761(a)(1) for  
23 unprofessional conduct in that Respondent lacked possession of, or failed to exercise that degree  
24 of learning, skill, care and experience ordinarily possessed and exercised by a competent  
25 registered nurse in that Respondent administered Demerol to patient M.K. via the wrong route  
26 and the wrong dose and failed to reassess the patient following administration of Demerol, as  
27 more fully set forth in paragraphs 14-17 above, and incorporated by this reference as though set  
28 forth in full herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

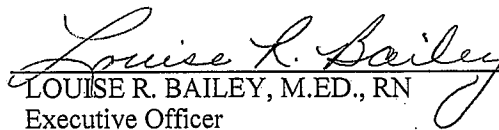
1. Revoking or suspending Registered Nurse License Number 663797, issued to Liudmila Valentinovna Mast;

2. Ordering Liudmila Valentinovna Mast to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: \_\_\_\_\_

3/2/11



LOUISE R. BAILEY, M.ED., RN  
Executive Officer  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California  
Complainant

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